SOUTH SHORE MANOR

1915	EAST	TRIPOLI	AVENUE

ST FRANCIS 53235 Phone: (414) 483-3611		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	34	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	34	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	31	Average Daily Census:	33

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	. 5 1	ફ ફ		12.9 32.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years	22.6
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	35.5 12.9		6.5 35.5	•	67.7
Adult Day Care	No	·	0.0		38.7	   *******************	0/./ *****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over	16.1		
Congregate Meals Home Delivered Meals	No No	Cancer   Fractures	0.0	'	100.0	,	idents
Other Meals	No	Cardiovascular		65 & Over			
Transportation	No	Cerebrovascular	3.2			RNs	6.5
Referral Service	No	Diabetes	6.5	Gender	용	LPNs	14.8
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	41.9	Male	19.4	Aides, & Orderlies	32.4
Mentally Ill	No			Female	80.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	I	
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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			Family Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	306	18	90.0	117	0	0.0	0	5	100.0	188	1	100.0	117	0	0.0	0	29	93.5
Intermediate				2	10.0	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	6.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		20	100.0		0	0.0		5	100.0		1	100.0		0	0.0		31	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	tions, Services, an	d Activities as of	12/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		71.0	29.0	31
Other Nursing Homes	9.8	Dressing	6.5		32.3	61.3	31
Acute Care Hospitals	88.2	Transferring	35.5		38.7	25.8	31
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.4		38.7	41.9	31
Rehabilitation Hospitals	0.0	Eating	54.8		29.0	16.1	31
Other Locations	2.0	******	******	*****	*****	* * * * * * * * * * * * * * * * * * *	*****
otal Number of Admissions	51	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.2	Receiving Resp	iratory Care	3.2
Private Home/No Home Health	11.3	Occ/Freg. Incontiner	nt of Bladder	67.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.0	Occ/Freq. Incontiner	nt of Bowel	58.1	Receiving Suct	ioning	0.0
Other Nursing Homes	1.9	<u> </u>			Receiving Osto	my Care	3.2
Acute Care Hospitals	22.6	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Di	ets 38.7
Rehabilitation Hospitals	0.0					-	
<u> =</u>	7.5	Skin Care			Other Resident C	haracteristics	
Deaths	39.6	With Pressure Sores		0.0	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	53				Receiving Psvc	hoactive Drugs	25.8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This	Pro	ership: prietary	Und	Size: er 50	Ski	ensure: lled	Al		
	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities		
	%	8	Ratio	왕	Ratio	용	Ratio	엉	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	84.7	1.15	68.3	1.42	86.6	1.12	87.4	1.11	
Current Residents from In-County	100	81.8	1.22	64.3	1.55	84.5	1.18	76.7	1.30	
Admissions from In-County, Still Residing	27.5	17.7	1.56	13.4	2.04	20.3	1.35	19.6	1.40	
Admissions/Average Daily Census	154.5	178.7	0.87	237.2	0.65	157.3	0.98	141.3	1.09	
Discharges/Average Daily Census	160.6	180.9	0.89	246.9	0.65	159.9	1.00	142.5	1.13	
Discharges To Private Residence/Average Daily Census	45.5	74.3	0.61	86.7	0.52	60.3	0.75	61.6	0.74	
Residents Receiving Skilled Care	93.5	93.6	1.00	86.1	1.09	93.5	1.00	88.1	1.06	
Residents Aged 65 and Older	96.8	84.8	1.14	87.0	1.11	90.8	1.07	87.8	1.10	
Title 19 (Medicaid) Funded Residents	64.5	64.1	1.01	61.7	1.04	58.2	1.11	65.9	0.98	
Private Pay Funded Residents	16.1	13.4	1.20	23.5	0.69	23.4	0.69	21.0	0.77	
Developmentally Disabled Residents	0.0	1.1	0.00	0.0	•	0.8	0.00	6.5	0.00	
Mentally Ill Residents	48.4	32.2	1.50	44.3	1.09	33.5	1.45	33.6	1.44	
General Medical Service Residents	41.9	20.8	2.02	27.0	1.56	21.4	1.96	20.6	2.04	
Impaired ADL (Mean)	56.1	51.8	1.08	56.9	0.99	51.8	1.08	49.4	1.14	
Psychological Problems	25.8	59.4	0.43	50.4	0.51	60.6	0.43	57.4	0.45	
Nursing Care Required (Mean)	5.6	7.4	0.76	8.9	0.63	7.3	0.78	7.3	0.77	